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## FAX COVER SHEET

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FAX NUMBER	15712738300
FROM	Paralegal Department
DATE	2010-04-28 15:54:46 GMT
RE	US Application No. 10/666,632 (P17256) Issue Fee Faxed April 28, 2010

## COVER MESSAGE

In re the Application of: Emie F. Brickell  
 Group Art Unit: 2446  
 Application No.: 10/666,632  
 Examiner: KANAAN, SIMON P  
 Filed: 9-18-2003  
 Title: METHOD OF OBSCURING CRYPTOGRAPHIC COMPUTATIONS  
 Attorney Docket No. 17256 (C&A)  
 Dear Sirs:  
 Please find attached herewith, the following 2 pages in connection with the above referenced patent application:  
 -Transmittal Form PTO/SB/21 (1 pg)  
 -Issue Fee Transmittal Form (1 pg)  
 Please contact me below if you do not receive these 2 pages.  
 Thank you!  
 Darcy Kobylarczyk  
 Paralegal  
 IP Support Services  
 CPA Global  
 Direct Dial: +1 612-977-1168  
 Email: dkobylarczyk@cpaglobal.com  
 Alternate Email: dkobylarczyk@system.foundationip.com  
 Fax: +1 612-677-3572  
 900 Second Avenue South  
 Suite 1560  
 Minneapolis, MN 55402

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PTO/SB/21 (12-07)

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/666,632	
	Filing Date	September 18, 2003	
	First Named Inventor	Ernie F. Brickell	
	Art Unit	2432	
	Examiner Name	Simon P. Kanaan	
Total Number of Pages in This Submission	2	Attorney Docket Number	P17256

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee Transmittal Form PTOL-85
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Firm Name	Caven & Aghevli LLC		
Signature	/Ramin Aghevli/		
Printed name	Ramin Aghevli		
Date	4/27/10	Reg. No.	43,462

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Signature	/Darcy Kobylarczyk/		
Typed or printed name	Darcy Kobylarczyk	Date	April 28, 2010

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